

CLAIMS ONLY						Application Number <i>0017433</i>	Filing Date		
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1	<i>1</i>					51			
2	<i>1</i>					52			
3	<i>1</i>					53			
4	<i>1</i>					54			
5	<i>1</i>					55			
6	<i>1</i>					56			
7	<i>1</i>					57			
8	<i>1</i>					58			
9	<i>1</i>					59			
10	<i>1</i>					60			
11	<i>1</i>					61			
12	<i>1</i>					62			
13	<i>1</i>					63			
14						64			
15						65			
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43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
Total Indep						Total Indep			
Total Depend	←	↓	←	↓	←	Total Depend	←	↓	←
Total Claims						Total Claims			